

# THE BENEFITS OF THE MATERNITY SUPPORT WORKER IN A CONTINUITY OF CARE MODEL

In a time when recruiting and retaining midwives into the team has proven to be difficult, embedding a Maternity Support Worker (MSW) within our Personalised Midwifery project (PMP) has enhanced and aided the delivery. We explore the additionality that the MSW role provides and the benefits to our families.

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## Introduction

Recent policies for Continuity of Care in England, Scotland and Wales (1,2,3) all consider the midwife as the central role of the continuous carer. Here, we show, that in the context of falling numbers of midwives (4), how providing a cost effective non-clinical member of staff does not have to compromise the core ethos of continuity.

Better Births' was published in 2016 by the NHS (5) to discuss improvements required in midwife led care in England. Better Births spoke of implementing the midwife-led 'continuity of carer' (MCC) model. The model sits within the Maternity Transformation Programme with MCC said to support safer, more streamlined maternity care, while fostering positive relationships between women and their midwives, and resulting in better outcomes for women and their babies [6].

## Objective

The Personalised Midwifery Project (PMP) is a project running as a partnership between Better Start Bradford, Reducing Inequalities in Communities (RIC) and Bradford Teaching Hospitals. The aim is to improve maternity care in the Better Start Bradford (Bowling and Barkerend, Bradford Moor and Little Horton) and RIC identified postcode areas based on GP practices. The project seeks to reduce health inequality for babies and their mothers. We have built a small team of 3 WTE midwives, 1 team leader, 1 maternity support worker (MSW) and an administrator (ward clerk). This team is known as the Clover Team and they are under the community midwifery teams umbrella.

The project has been created using the Midwife Led Continuity Model (MCC) of maternity care which sees Continuity of Carer as central to MCC. It is a relationships-based model of midwifery care where the named midwife is the primary caregiver to each woman and her baby during the antenatal, intrapartum and postnatal periods. MCC is safer and better for babies and mothers (6).

## The role of the Clover Team MSW

- Pre-Booking appointment to cover Public Health messaging and signposting
- Breastfeeding support and extra support for post-natal period
- Owns the antenatal plus appointment at 22 weeks
- Runs the Antenatal Plus Clinic, delivering Public Health messaging and handing out appropriate resources
- Preparing booking, birth planning and new born screening packs
- Day 3 and day 5 post-natal visits
- Collecting stock and ensuring all clinical venues are well stocked
- Admin tasks in the absence of admin staff
- Randomisation of women for the evaluation

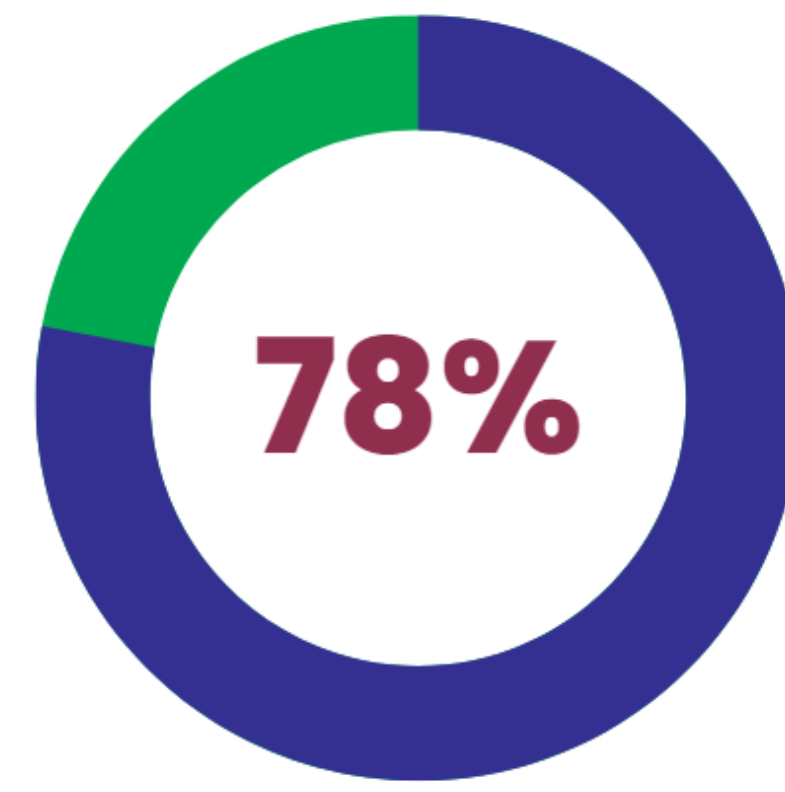
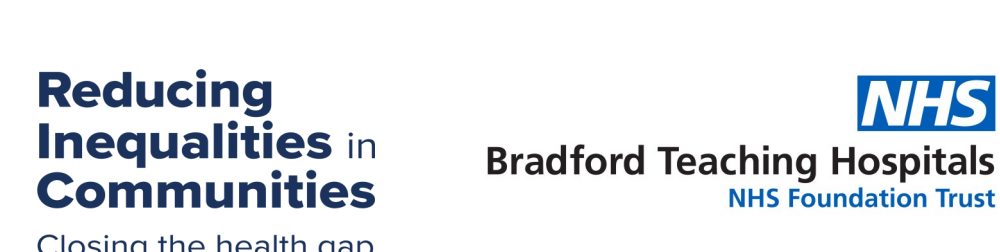
## About Better Start Bradford

We know the earliest years are critical to a child's future and want children across the Better Start Bradford area and beyond to have the best possible start in life, in terms of their health, wellbeing and life chances.

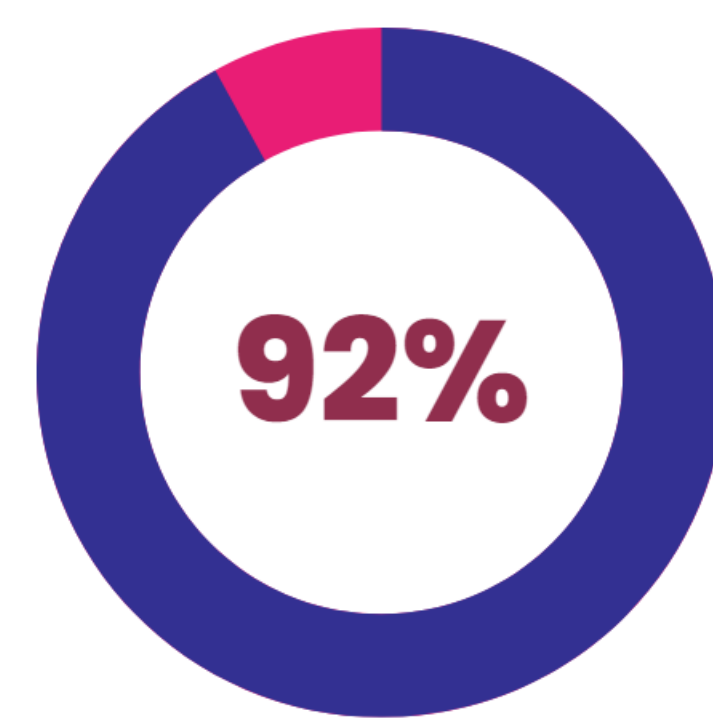
Better Start Bradford is one of five 'A Better Start' programmes in England set up and funded by The National Lottery Community Fund.

We provide 15+ amazing projects and services for expectant families and families with children aged 0-3 in Bowling and Barkerend, Bradford Moor and Little Horton.

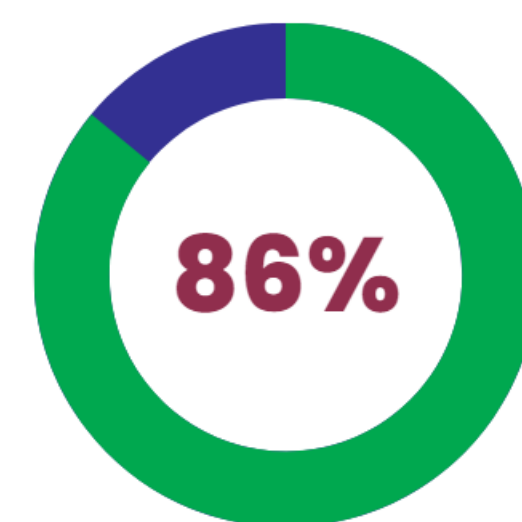
Together we're making support and services for families stronger, so that children can have the best start in life.



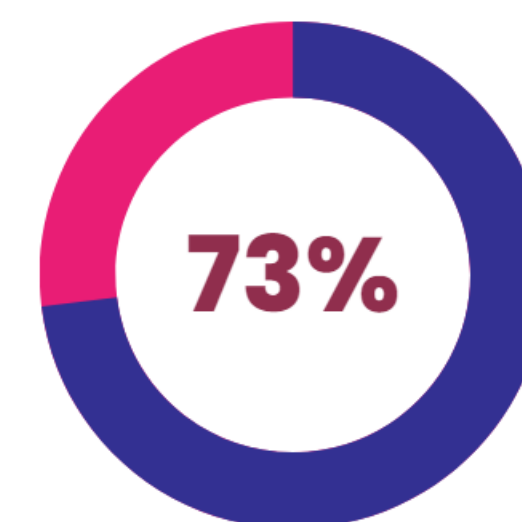
Over 78% breastfeeding initiation rate in the Personalised Midwifery Project. The Bradford rate is currently around 70%



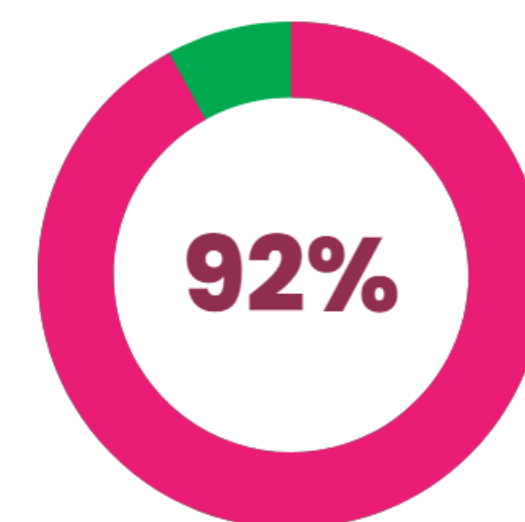
92% of women said they were definitely given information about breastfeeding



86% of women had a pre-booking appointment with an MSW

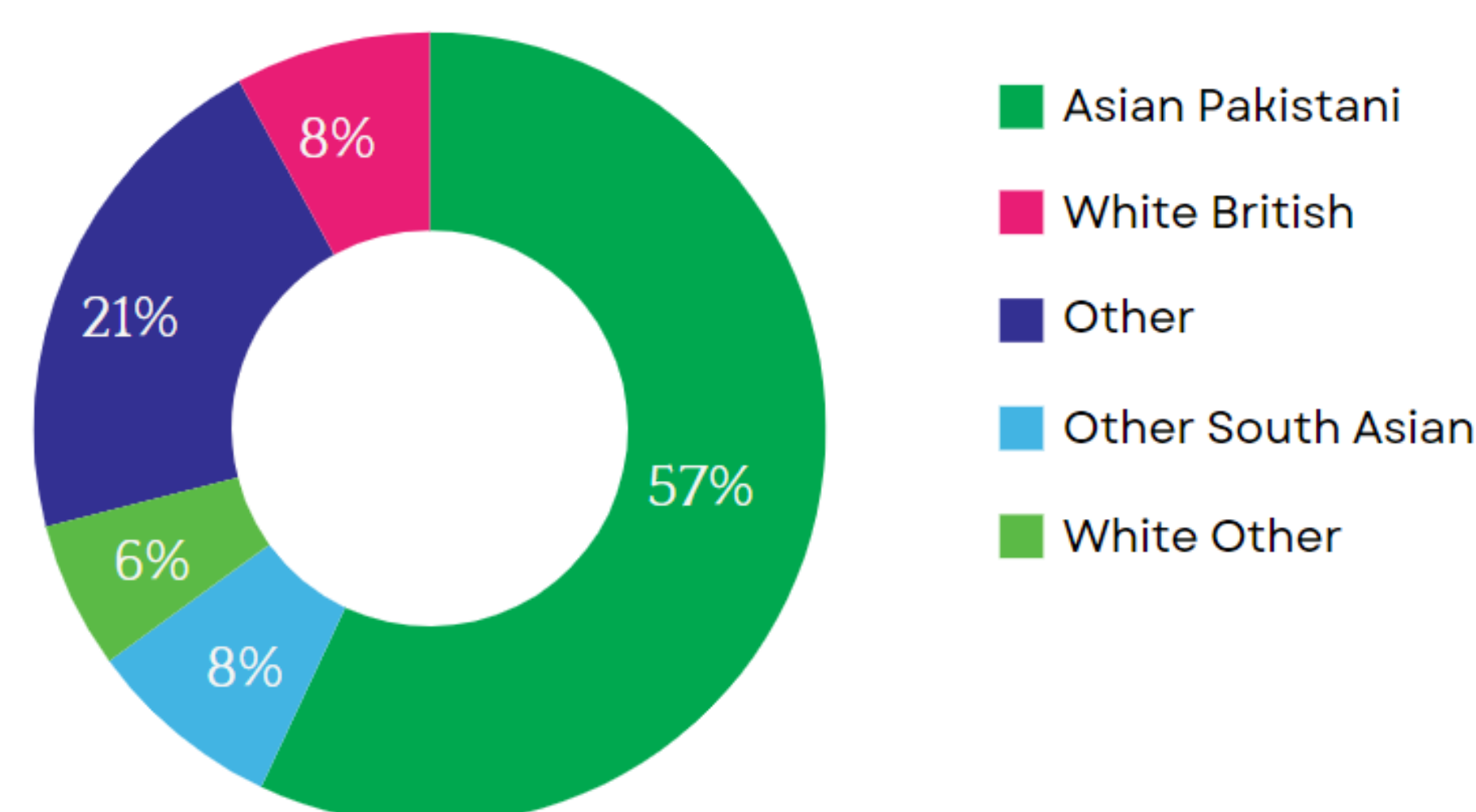


73% of women utilised our MSW-led 22 week appointment



92% of women felt the team supported their health during pregnancy

## ETHNICITY OF PARTICIPANTS



## The Model

Phase 1 of our project saw the MSW take on the pre-booking visits which we found improved access to care. This worked alongside all appointments with the named midwife and MSW being longer than standard care.

Phase 2 of the project continued with the MSW doing this work but further embedded the role into the model by doing the preparation work ahead of the booking appointment, establishing of relationship and giving public health messages such as Breastfeeding Support.

In Phase 3 of the project the MSW is continuing the work as identified in Phase 1 and 2.

## Findings

In Phase 1 of the project the women reported high levels of satisfaction, higher trust levels with named midwife compared to standard Care. Midwives reported high levels of job satisfaction, reduced stress, and increased role fulfilment. This was echoed in Phase 2 where midwives felt that upskilling the MSW had freed up their own time.

Evidence from practice showed that women receiving PMP were more likely to be referred to additional preventative support such as Better Start Bradford Baby Steps, Bradford Doulas and into perinatal mental health support.

The MSW carried out 172 postnatal plus contacts which are personalised to address relevant areas such as safe sleep, smoking, weight, and contraception advice. The MSW completed 231 other postnatal appointments.

Embedding an MSW into the service has allowed our project to function with the existing staffing pressures facing midwifery whilst still giving a personalised and patient centred service to the 438 women that we have supported through the antenatal, postnatal and intrapartum period.

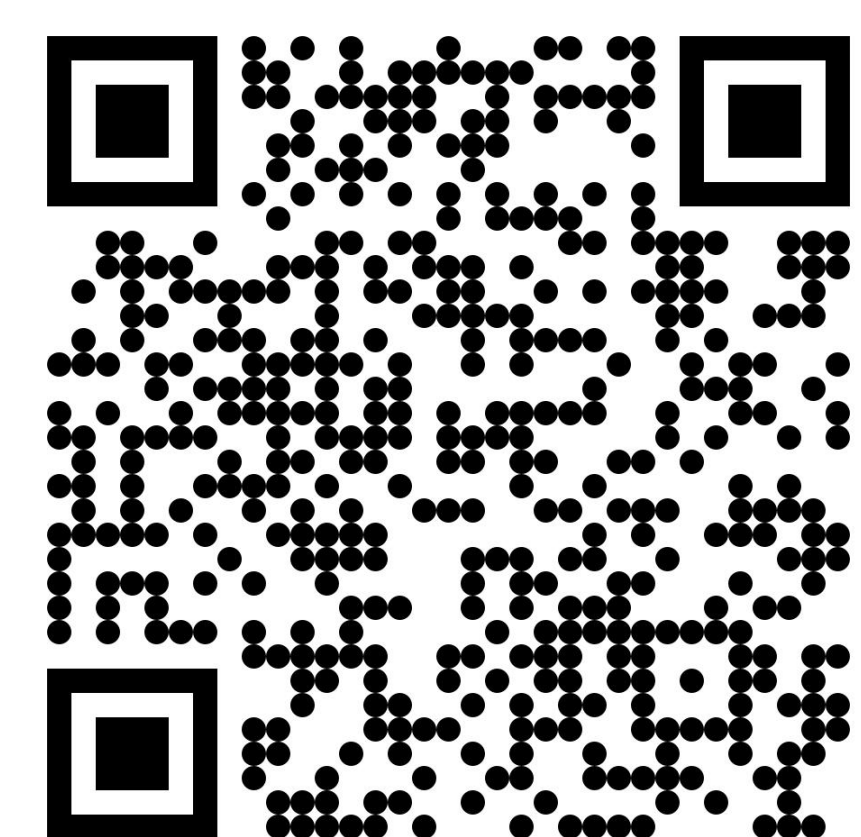
## Conclusion

PMP phase one improved access to care via pre-booking visits from a Maternity Support Worker (MSW). PMP2 continued with MSW embedded in the model for preparedness ahead of the booking appointment, establishing of relationship and giving public health messages.

Research shows that families and midwives value the MSW in the team (7,8,9) and have reported the MSW role as critical to covering the workload (7,8).

The MSW could, and should not replace midwifery led care, however they are crucial to supporting and complementing care received from a midwifery team during pregnancy and beyond (10).

## Find out more



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